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1003 U.S. PTO

1002 U.S. PTO

10/002842



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UTILITY PATENT APPLICATION TRANSMITTAL

(for nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

TLAB.79219

Express Mail No.

EL276178216US

TO: Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

Inventor(s): James Hunter Boone, David Maxwell Lyerly, Tracy Dale Wilkins, Richard Littleton Guerrant

Title: Method for Differentiating Irritable Bowel Syndrome From Inflammatory Bowel Disease (IBD) and for Monitoring Persons with IBD Using Total Endogenous Lactoferrin as a Marker

Enclosed are:

<input type="checkbox"/>	38	pages of specification including abstract
<input type="checkbox"/>		sheet(s) of drawings
<input type="checkbox"/>		an assignment of the invention to:
<input checked="" type="checkbox"/>		<u>unexecuted</u> Declaration of Inventor(s):
<input type="checkbox"/>		Newly executed
<input type="checkbox"/>		Copied from a prior application (for contin/div)
<input type="checkbox"/>		Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
<input checked="" type="checkbox"/>		small entity status is claimed.
<input type="checkbox"/>		a small entity status was claimed or filed in prior application; status still proper and desired.
<input type="checkbox"/>		Information Disclosure Statement/PTO-1449/Copies of IDS citations.
<input type="checkbox"/>		other:

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/>	Continuation	<input type="checkbox"/>	Divisional	<input type="checkbox"/>	Continuation-in-Part (CIP)	of prior application No.
Prior application information:			Examiner:			Group Art Unit:

CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA		RATE	FEE
BASIC FEE				\$740	\$ 740
TOTAL CLAIMS	20 - 20 =	0	X	\$ 18	\$
INDEPENDENT CLAIMS	5 - 3 =	2	X	\$ 84	\$ 168
MULTIPLE DEPENDENT CLAIM PRESENT				\$280	\$
* Number extra must be zero or larger					TOTAL \$ 908
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL \$ 454

<input checked="" type="checkbox"/>	A check in the amount of \$454.00 to cover the filing fee is enclosed.
<input checked="" type="checkbox"/>	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.
<input type="checkbox"/>	Charge the amount of \$_____ as filing fee.
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